



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE  
215 WEST MAIN STREET/P.O. BOX 517  
FRANKFORT, KENTUCKY 40602  
502-564-6082 FAX 502-564-4604**

## **NOTIFICATION OF MERGER FOR HMO/LHSO**

In order to process a merger with the Kentucky Department of Insurance, please submit along with this form a copy of the approved Merger Agreement and the Certificate of Authority of the Non-Surviving Company. *(There is no processing fee.)*

### **Non-Surviving (Merging) Company:**

Name of Company: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

NAIC Group Number: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### **Merging with and into (Surviving Company):**

Name of Company: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

NAIC Group Number: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_